Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State: _	IDAHO				
Citation 1902(a)(52 and 1925 o			Receiving Extended Medicaid Benefits			
the Act	(a)	6-month Section duration categori	provided to families during the first period of extended Medicaid benefits under 1925 of the Act are equal in amount, and scope to services provided to cally needy AFDC recipients as described in 1973.1-A (or may be greater if provided a caretaker relative employer's health explan).			
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are				
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <u>ATTACHMENT 3.1-A</u> (or may be greater if provided through a caretaker relative employer's health insurance plan).				
		se re th	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the llowing acute services:			
			Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.			
		<u></u>	Medical or remedial care provided by licensed practitioners.			
		_7	Home health services.			
my v	XI 161					
TN No.	Approva	l Date	1/21/92 Effective Date 16/1/9/			
TN No.			HCFA ID: 7982E			

	AUGUST 1991	4 (BLD)	OMB NO.: 0938-
	State:	IDAHO	
Citation	3.5	<u>Families</u> (Continu	Receiving Extended Medicaid Benefits
		<u> </u>	Private duty nursing services.
		_7	Physical therapy and related services.
		\Box	Other diagnostic, screening, preventive, and rehabilitation services.
		<i>[</i> 7	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
			Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
		<u> </u>	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.
TN No	///g Approva	l Date	1/2//92 Effective Date
TN No.			
			HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-			
	State:	IDAHO				
Citation		nilies Re ontinued)	ceiving Extended Medicaid Benefits			
	(c)_/	fees, for h	gency pays the family's premiums, enrollment deductibles, coinsurance, and similar costs tealth plans offered by the caretaker's eyer as payments for medical assistance			
			1st 6 months / 2nd 6 months			
		emplo	The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.			
			1st 6 mos. $\angle /$ 2nd 6 mos.			
	(d) <u>/</u> /	fa ex	e Medicaid agency provides assistance to milies during the second 6-month period of tended Medicaid benefits through the llowing alternative methods:			
		_7	Enrollment in the family option of an employer's health plan.			
			Enrollment in the family option of a State employee health plan.			
			Enrollment in the State health plan for the uninsured.			
:			Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).			
TN No	Approval	Date	1/21/92 Effective Date 18/1/91			
TN No.	70-11		HCFA ID: 7982E			

	HCFA-PM-91- August 1991	4 (BP	D)	OMB No.: 0938-		
	State:	ID	АНО			
Citation		Families Receiving Extended Medicaid Benefits (Continued)				
		describ includir	MENT 3.1-A specifies and lth care plan(s) offered, ssuring that recipients have te quality.			
	((2) The	agency			
		(i)	Pays all premium on the family for	ns and enrollment fees imposed such plan(s).		
		☐ (ii)	Pays all deductib on the family for	les and coinsurance imposed such plan(s).		
	3.6	Unemloyed Parent				
		For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, the agency				
				asuring unemployment which		
		was in the AFDC State Plan in effect on July uses the following more liberal standard to me unemployment:				
		une	трюушен:			
TN No. 99- Supersedes TN No. 91-	App	proval Date	5/27/99	Effective Date/		